

JUL 15 2008

PORT
JUL 15 2008
J 07504

087

[illegible]

TO
AUG 2008
2nd Input
Industrial Dept

possible
ate and
ity

NUMBER

-0722

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
Senen Roxas for	JITEN PARIKH VICE PRESIDENT	973-357-0722
		DATE 7-14-08



METHOD USED

TOTAL WATER USED

$6,883.7 (6/30/08) - 6,773.9 (6/1/08) = 110 \text{ CF1} \times 7.48 \times 100 = 82,130/21 \text{ DAYS} = 3,911 \text{ Total Flow - Gal/Day.}$

SANITARY USED

$1,368 (6/30/08) - 1,325 (6/1/08) = 43 \times 7.48 \times 100 = 32,164/21 \text{ DAYS} = 1,532 \text{ Flow - Gal/Day.}$

$$\text{REGULATORY/TOTAL} = 2,379/3,911 = 0.6$$

SITE PLAN: NO CHANGE

NJDEP Certified Laboratory No. 14964
 973-335-CALI
 FAX 973-335-0556
 E-MAIL: calilabs@earthlink.net
 WEBSITE: www.calilabs.com

COMPLETE ANALYSIS LABORATORIES INC.



Dr. Karim Zirvi
 Amneal Pharmaceutical Corp.
 209 McLean Blvd.
 Paterson, NJ 07054

1259 Route 46, Building #4/C
 Parsippany, NJ 07054-4909

ANALYSIS REPORT

REPORT DATE: JUNE 25, 2008

PROJECT NO : 813598

LAB ID NO: 813598.1

FIELD ID NO: AP-0610

Sample: Liquid, Sampled by CALI on 6/10/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	58.2	6/11/08 8:09	2.0	1
TSS	160.2	28.0	6/10/08 13:30	4.0	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,
 MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected
 RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
 Laboratory Director

The Standard of Excellence in Laboratory Service

CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4
 PARSIPPANY, NJ 07054-4909
 PHONE: (973) 335-CALI
 FAX: (973) 335- 0556
 NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1
 (Lab use only) No. 81598

DELIVERABLES: ☒ STD ☐ REDUCED ☐ FULL
 (CIRCLE ONE) OTHER (Specify) _____

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	DR. ZIRVI	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	name <u>G. Murr</u>	sign	<u>[Signature]</u>
WITNESSED BY	name _____		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
81598.1	AP- 0610	6/10/08 11:58	A	C	1	C	BOD, TSS
81598.1	AP- 0610	6/10/08 11:58	A	C	1	Hn, C	Cu, Zn, Pb,
81598.2	AP- 0610G	6/10/08 12:00	A	G	2	H, C	VOC*
REMARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE						
	COMPOSITE SAMPLER WAS SET UP ON 6/9/08 @ 11:30 ; SAMPLE WAS COLLECTED ON 6/10/08 @ 11:00						
	SAMPLING FREQUENCY - 30 MINUTES. monthly						

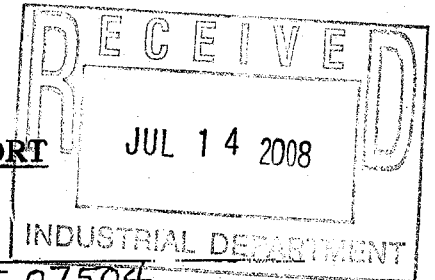
RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
G. Murr	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	6/10/08	13:15	100% off	CRS
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID	S - SOIL X - OTHER	O - OIL			
T = TYPE	C - COMPOSITE	G - GRAB	No. = NUMBER OF CONTAINERS				
P = PRESERVATIVE	H ₂ - H ₂ SO ₄	Hn - HNO ₃	H - HCl	N - NaOH	A - ASCORBIC ACID	C - COOL TO 4 °C	

G-010 REV 4/96

FOR REGULATORY COMPLIANCE

P. 12

USER CHARGE SELF MONITORING REPORT



NAME: AMNEAL PHARMACEUTICALS INDUSTRIAL DATA
ADDRESS: 209 MCLEAN BLVD., PATERSON, NJ 07504
FACILITY LOCATION: 209 MCLEAN BLVD., PATERSON, NJ 07504
NEW CUSTOMER ID / OUTLET ID: OLD OUTLET DESIGNATION:

MONITORING PERIOD					
START			END		
6	1	08	6	30	08
MO	DAY	YR	MO	DAY	YR

VOL DISCHARGED THIS PERIOD	82,130	GALLONS
CU. FT X 7.48 = GALLONS		
EFFLUENT METER READING LAST DAY THIS PERIOD		

[illegible][illegible]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
<i>Senen Rosas</i> for	JITEN PARIKH	973-357-0222
	VICE PRESIDENT	
		DATE 7-4-08

JUL-14-2008 MON 01:29 PM

FAX NO.

P. 13

A M N E A L

P h a r m a c e u t i c a l s

METHOD USED

TOTAL WATER USED

$6,883.7 (6/30/08) - 6,773.9 (6/1/08) = 110 \text{ CF1} \times 7.48 \times 100 = 82,130/21 \text{ DAYS} = 3,911 \text{ Total Flow - Gal/Day.}$

SANITARY USED

$1,368 (6/30/08) - 1,325 (6/1/08) = 43 \times 7.48 \times 100 = 32,164/21 \text{ DAYS} = ,532 \text{ Flow - Gal/Day.}$

$\text{REGULATORY/TOTAL} = 2,379/3,911 = 0.6$

SITE PLAN: NO CHANGE

JUL-14-2008 MON 01:30 PM

FAX NO.

P. 14

NJDEP Certified Laboratory No. 14964

973-335-CALI

FAX 973-335-0556

E-MAIL: calilabs@earthlink.net

WEBSITE: www.calilabs.com

1259 Route 46, Building #4/C

Parsippany, NJ 07054-4909

COMPLETE ANALYSIS LABORATORIES INC.



Dr. Karim Zirvi
Amneal Pharmaceutical Corp.
209 McLean Blvd.
Paterson, NJ 07054

ANALYSIS REPORTREPORT DATE: JUNE 25, 2008PROJECT NO : 813598LAB ID NO: 813598.1FIELD ID NO: AP-0610Sample: Liquid, Sampled by CALI on 6/10/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	58.2	6/11/08 8:09	2.0	1
TSS	160.2	28.0	6/10/08 13:30	4.0	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits

MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected

RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
Laboratory Director

JUL-14*2008 MON 01:29 PM

FAX NO.

P. 11

CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4
 PARSIPPANY, NJ 07054-4909
 PHONE: (973) 335-CALI
 FAX: (973) 335- 0556
 NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1
 (Lab. e only) No. 81598

DELIVERABLES:
 (CIRCLE ONE)

STD

REDU

ED

FULL

OTHER (Spec

y)

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	DR. ZIRVI	PHONE	(973) 357-0222
PROJECT	WASTE WATER		
SAMPLER	name <u>G. M.</u>	sign	<u>G. M.</u>
WITNESSED BY	name		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
81598.1	AP-0610	6/10/08 11:53	A	C	1	C	BO. TSS
81598.1	AP-0610	6/10/08 11:53	A	C	1	Hn, C	Cu, n, Pb,
81598.2	AP-0610G	6/10/08 12:00	A	G	2	H, C	VOC
REMARKS							
* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE							
COMPOSITE SAMPLER WAS SET UP ON 6/9/08 @ 11:30 : SAMPLE WAS COLLECTED ON 6/10/08							
SAMPLING FREQUENCY - 30 MINUTES. monthly							

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
<u>G. M.</u>	<u>G. M.</u>	<u>W. B.</u>	<u>W. B.</u>	6/10/08	12:15	<u>water off</u>	<u>W. B.</u>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID	S - SOIL X - OTHER	C - OIL			
T = TYPE	C - COMPOSITE	G - GRAB	No. = NUMBER OF CONTAINERS				
P = PRESERVATIVE	H ₂ - H ₂ SO ₄	Hn - HNO ₃	H - HCl	N - NaOH	A - ASCORBIC ACID	C - COOL TO 4 °C	

3-010 REV 4/98

FOR REGULATORY COMPLIANCE

JUL-14-2008 MON 01:27 PM

FAX NO.

P. 01

A M N E A L

P h a r m a c e u t i c a l s

FACSIMILE TRANSMITTAL SHEET

TO: MR. ANDY CALTAGIRONE FROM: SENEN ROXAS
FAX NUMBER: (973) 344-4876 DATE: 7-14-08
RE: MR-2 and MR-1 REPORTS TOTAL NO. OF PAGES INCLUDING COVER: 14

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

Dear Mr. Caltagirone:

Please see attached MR-2 and MR-1 reports.
Hard copies are being sent via DHL next day service.
Thank you.

Sincerely yours,

Senen Roxas 7-14-08
for Jiten Parik,
Vice President

JUL-14-2008 MON 01:27 PM

FAX NO.

P. 02

A M N E A L

P h a r m a c e u t i c a l s

July 14, 2008

Mr. Andy Caltagirone
Manager of Industrial & Pollution Control
Passaic Valley Sewerage Commissioners
600 Wilson Ave.
Newark, NJ 07105

Dear Mr. Caltagirone:

Enclosed are MR-2 and MR-1 periodic compliance monitoring reports, which are due on 7/21/08 and 8/4/08, respectively.

Thank you.

Sincerely yours,

Senen Roxa
for: Jiten Parikh
Vice President